

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete If Known

Application Number	10/790,164
Filing Date	March 1, 2004
First Named Inventor	Saunders N. Whittlesey
Examiner Name	PATTERSON, MARIE D
Art Unit	3728
Attorney Docket No.	S03-04

TOTAL AMOUNT OF PAYMENT (\$) 630.00

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = 0	×	50	= 0

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = 0	×	200	= 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 =	×	250	= 0

4. OTHER FEES

	Fee Paid (\$)
Submission of Information Disclosure Stmt \$180	180
Other: Extension for response with second month \$450	450

SUBMITTED BY

Signature		Registration No. 43,583	Telephone 508-979-3015
Name	Kristin D. Wheeler	Date	2/12/07